

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90174 017 \*\*\*\*61.25

**DOCUMENT # N96000006462**

1. Entity Name

**THE TRAILS HOMEOWNERS & MAINTENANCE  
ASSOCIATION, INC.**



Principal Place of Business

**4400 NW 36TH AVENUE  
GAINESVILLE FL 32606**

Mailing Address

**4400 NW 36TH AVENUE  
GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3445574**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANAGEMENT SPECIALISTS  
4400 NW 36TH AVE.  
GAINESVILLE FL 32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete  
NAME **STARLING, TROY**  
STREET ADDRESS **18415 SW 42ND LANE**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **PTD** ☒ Delete  
NAME **GERDON, JOHN**  
STREET ADDRESS **4508 SW 180TH STREET**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☐ Delete  
NAME **SCHROETER, HERB**  
STREET ADDRESS **4105 SW 180 ST.**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☒ Delete  
NAME **CARROLL, KATHY**  
STREET ADDRESS **4127 SW 180 ST.**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D** ☒ Delete  
NAME **KNAPP, JOSEPH**  
STREET ADDRESS **3907 SW 180 ST.**  
CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **VP** ☐ Delete  
NAME **DRUMMOND, ERIC**  
STREET ADDRESS **2636 NW 50 PL**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Starling, Troy**  
STREET ADDRESS **18415 SW 42 Lane**  
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Rolando Sanchez, Jose**  
STREET ADDRESS **PO Box 358626**  
CITY-ST-ZIP **Gainesville, FL 32635**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Schroeter, Herb**  
STREET ADDRESS **4105 SW 180 ST**  
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **D** ☐ Change ☒ Addition  
NAME **Bobroff, Stephen**  
STREET ADDRESS **4326 SW 180 ST**  
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **D** ☐ Change ☒ Addition  
NAME **Stockman, Jeanne**  
STREET ADDRESS **4106 SW 180 ST**  
CITY-ST-ZIP **Newberry, FL 32669**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Drummond, Eric**  
STREET ADDRESS **2636 NW 50 PL**  
CITY-ST-ZIP **Gainesville, FL 32605**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **J. ROLANDO SANCHEZ, VPRES 3-13-06**